

VETERANS AND HUMAN SERVICES LEVY
Third Quarter 2008 Report

Introduction

In November 2005, the citizens of King County voted to approve a Veterans and Human Services Levy to respond to the needs of the county's veterans and their families, and other individuals and families in need.

The King County Executive, the Metropolitan King County Council, the volunteer members of two citizen oversight boards, veterans' organizations, housing and human services providers, and human services staff and advocates from across the county have been involved in the implementation of the Veterans and Human Services Levy (VHS). King County Ordinance 15279 required the levy proceeds to be split equally into two funds, one for services for veterans, military personnel and their families, and one for services for other low income people in need of these services. These funds are called the Veterans Levy Fund and the Human Services Levy Fund.

The 2008 Adopted King County Budget (Ordinance 15975, Sections 73 and 74) approved by the King County Council in November 2007 called for quarterly reports on the progress of levy implementation. Proviso 1 of Section 73 pertaining to the Veterans Levy Fund states: *"Of this appropriation, \$100,000 shall not be expended nor encumbered until the executive submits four quarterly progress reports for the veterans services levy. The quarterly reports shall include at a minimum: the amount of funding expended to date, the amount of funding contracted to date, the number and status of request for proposals to date, and any individual program statistics available, such as number of individuals served. The quarterly reports to the council are due on March 1, June 1, September 1 and December 1, 2008, for council review."*

A similar proviso in Section 74 pertains to the Human Services Levy Fund, with identical requirements and timelines.

This Third Quarter 2008 Report on the implementation of the Veterans and Human Services Levy is submitted to the King County Council per the budget provisos. The report provides updates on the efforts and activities related to the levy, and includes an attachment showing the status of funds as of September 30, 2008, listed by levy activity as well as by specific fund (Veterans Levy Fund and Human Services Levy Fund) (see Attachment A). It also includes the community agencies, listed by subregion, that are receiving funds to implement levy activities (see Attachment B).

Background

King County Ordinance 15279, approved in September 2005, placed before the voters a measure to create the Veterans and Human Services Levy. The ballot measure authorized King County to levy an additional regular property tax of five cents per \$1,000 of assessed value for a period of six years. The ordinance stipulated the levy proceeds would be split, with one-half dedicated to

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assist veterans, military personnel and their families, and the other half to help other individuals and families in need. The voters of King County overwhelmingly approved the levy in November 2005.

The county established the citizen oversight boards called for in the ordinance, and developed the Service Improvement Plan required by the King County Council to serve as the overarching policy and service plan for expending levy proceeds. The Service Improvement Plan was submitted to the council in September 2006 and approved the following month. The two boards, the Regional Human Services Levy Oversight Board and the Veterans Citizen Levy Oversight Board, were appointed and soon after convened in February 2007. Throughout the rest of 2007 and into 2008 the boards have been working on their assigned responsibilities of reviewing a multitude of activity-specific implementation plans, serving on many different Request-For-Proposals (RFP) review panels, and receiving updates on implementation of levy activities.

Service Improvement Plan

The Service Improvement Plan, approved by the King County Council through Ordinance 15632, created five overarching strategies to enhance programs and services to help veterans and their families and other low-income residents throughout the county. These overarching strategies include the following:

- Strategy One: Enhancing services and access for veterans (Veterans Levy Fund only)
- Strategy Two: Ending homelessness through outreach, prevention, permanent supportive housing and employment
- Strategy Three: Increasing access to behavioral health services
- Strategy Four: Strengthening families at risk (Human Services Levy Fund only)
- Strategy Five: Increasing effectiveness of resource management and evaluation.

Each strategy includes several activities. Thirty-one activities in all, each included in one of the above strategies, are specified in the Service Improvement Plan. Program designs or procurement plans describing each activity in detail have now been prepared by staff, made available for public review and comment, and closely reviewed by the citizen oversight boards. These plans can be viewed on the levy website at:

<http://www.kingcounty.gov/operations/DCHS/Services/Levy.aspx>.

Financial Status Report, as of September 30, 2008 (Attachment A)

As noted above, the Regional Human Services Levy Oversight Board and the Veterans Citizen Levy Oversight Board have been hard at work continuing to review the procurement plans and program designs for each levy activity, and incorporating feedback from the public (the required

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step before making the funds available). The boards have now reviewed activity plans representing \$36.8 million (96.6 percent) of all available funds through the end of third quarter 2008. Once the plans have been through board review, the funds are made available in the community: a total of \$28.2 million (74.2 percent) of all available funds have now been committed by Letter of Award, Contract and/or Memorandum of Agreement, or allocated to expanding the range and capacity of the King County Veterans' Program (KCVP). The rest of the funds are in the process of being made available: another RFP process was completed in the second quarter 2008, four are in process in the fourth quarter 2008. At this point, 70 community agencies have received levy funding to provide one or more services outlined in the Service Improvement Plan, in addition to those services provided by internal King County programs such as the KCVP. Attachment B lists these agencies by county subregion.

King County Ordinance 15632 created two separate funds for Veterans and Human Services Levy proceeds, a Veterans Services Levy Fund and a Health and Human Services Levy Fund. Proceeds from the levy are equally split into these two funds. Attachment A provides a chart showing how each of the thirty-one individual Service Improvement Plan activities are progressing through a "pipeline" from the required board and public review, through the RFP process, and ultimately, to contracting and expenditure of the funds. Each of these activities is funded by either the Veterans Services Levy Fund or the Health and Human Services Levy Fund, or in some cases, both.

The steps in this "pipeline" include:

Step 1: Board review and public comment on the procurement plan and/or program design for each specific activity, as required by the council. The boards have reviewed activity plans representing \$36.8 million (96.6 percent) of all available funds.

Step 2: Request For Proposal processes occur if community agencies will be implementing the activity. If there is to be an RFP process for the activity area, Attachment A indicates whether it has been completed, is in process, or is scheduled for an upcoming date. In some cases, there is no RFP because the Service Improvement Plan designated a county department or program as responsible for implementing the activity, such as the KCVP, or the Nurse Family Partnership program with Public Health – Seattle and King County.

Step 3: Actual commitment of the funds to specific community agencies or county departments, once the RFP or other review process has been completed. This commitment may occur through letters of award, contracts, or memoranda of agreement. Once an agency has its contract, it can hire staff and begin providing services.

Step 4: Expenditure. The county pays on a reimbursement basis, so this step occurs only after the individual agencies have provided services and submitted reimbursement requests.

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Attachment A provides detail on each of the 31 strategies according to the steps noted above. The first spreadsheet is a consolidated one, combining both the Veterans Services Levy Funds and the Health and Human Services Levy Funds. The next two spreadsheets show the commitments and expenditures broken out for each of the two funds.

Status of Implementation

As noted above, now that the required board reviews of procurement plans/program designs is nearly complete, and RFP's have been completed for most of the funds, many levy-funded services are being provided in the community. This section highlights selected activities under each of the five overarching strategies.

Strategy One: Services for Veterans. Activities have been underway since fourth quarter 2006 to expand the geographic range and increase the capacity of KCVP have continued (Activities 1.1,1.2). Services continue to be provided at the Seattle and Renton office sites. In addition, beginning in third quarter 2008, KCVP and Washington Department of Veterans Affairs (WDVA) each began providing services one day a week at the Auburn Veterans Facility.

According to third quarter 2008 service data, KCVP had about 2,300 client visits. Most visits were to the Seattle office that experienced 1,918 (85 percent) client visits followed by Renton with 323 visits (14 percent). There were 22 service visits (1 percent) reported to the Auburn site. A total of 930 unduplicated clients received services from KCVP last quarter, about half (458) receiving financial services to assist with such things as rent, utilities, and mortgage. Over sixty-three percent of financial services were related to housing, up three percent from last quarter.

This quarter, outreach services have been expanded into East and South Regions of the county. The KCVP staff visited the North Bend Senior Center making contact with 9 veterans and widows of veterans. These outreach activities will continue and during the fourth quarter 2008, staff have planned visits to Enumclaw's Senior Center and Maple Valley's Community Center.

Strategy Two: Ending Homelessness. Eight activities related to ending homelessness through outreach, prevention, permanent supportive housing and employment are described in the Service Improvement Plan. The boards have reviewed procurement plans for all of them, although several activities were split into multiple plans, and the boards reviewed the final one third quarter 2008. Twelve RFP's were previously completed and, four more RFP's were initiated during the third quarter 2008, including the two annual RFP's for permanent housing and housing supports.

One of these, the RFP held by the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) to select a provider to manage sobering services at Seattle's Sobering Center (part of Activity 2.1) was completed in third quarter 2008. Pioneer Human Services has been selected and will manage the service starting January 1, 2009. They will also provide outpatient chemical dependency treatment on site. Arrangements are being negotiated to have a part-time Veteran's outreach worker for the project, and MHCADSD is

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exploring ways to use the Emergency Service Patrol to transport Veterans to the Veterans Affairs Medical Center.

Considerable progress has also been made in another activity of high interest to the oversight boards. That is Public Health – Seattle and King County’s (PHSKC) mobile medical project, with the goal of providing outreach to South King County’s chronically homeless and promote their engagement with primary care, mental health, chemical dependency treatment, housing and other services (part of Activity 2.1).

During the third quarter 2008, PHSKC conducted an extensive stakeholder input process for the South King County mobile medical project that included:

- Three focus groups with over 40 homeless adults in Federal Way, Kent and Auburn to survey their needs and challenges
- Meetings with city staff members in Auburn, Burien, Des Moines, Federal Way, Kent, Renton, SeaTac, and Tukwila and telephone interviews of City staff members in Black Diamond and Enumclaw
- Discussions with representatives of South King County hospitals, churches, health centers, public health clinics, mental health agencies, shelters, social service agencies, and Washington State Department of Social and Health Services offices as well as the Veterans Administration Puget Sound Health Care System

Based on this input PHSKC developed a detailed implementation plan that includes the scope of medical practice for the mobile clinic, a preliminary staffing model, and a tentative start-up schedule beginning in mid-November.

In moving the project forward toward the planned November service start-up, PHSKC has:

- Concluded negotiations and agreed upon contract language with Metropolitan Development Council in Tacoma for the use of its mobile medical unit, confirming the availability of physicians who will provide medical care on board the mobile unit
- Worked with various churches and other entities to identify initial service sites at which to pilot mobile medical service
- Met with program managers at Health Point Community Health Centers and Sound Mental Health to begin developing strategies for effective coordination of services, e.g., patient referrals from the mobile unit’s medical providers for assistance in linking patients to housing services, an ongoing primary care provider, mental health care, chemical dependency treatment, and other services.

Public Health – Seattle and King County is also managing the clinical services team component for the Activity 2.4, providing supportive services for housing. In Seattle, the Housing Health Outreach Team provided health services to 253 formerly homeless individuals in selected

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permanent supportive housing sites in Seattle during third quarter 2008. The team is comprised of chemical dependency providers subcontracted through Evergreen Treatment Services, and nursing and mental health providers subcontracted through Neighborcare Health (formerly Puget Sound Neighborhood Health Centers). Nursing services in particular were provided to 226 unduplicated people through the third quarter 2008. The Levy-funded mental health practitioner started on the team in August 2008. During the third quarter 2008, she began engaging with residents of supportive housing sites, linked residents with community mental health services, and provided direct counseling.

In South King County, the newly hired Levy-funded registered nurse from HealthPoint (formerly Community Health Centers of King County) provided health services to formerly homeless individuals living in "housing first" sites in South King County that are operated by Sound Mental Health. In total he provided 54 visits to 15 individuals.

The expanded Housing Stability Program (Activity 2.7) is fully operational with services available at all 12 partner agencies around the County. The King County Community Services Division (CSD) contracted with Solid Ground as the lead administering agency for this countywide program with many partner agencies. This quarter, the partner agencies throughout the County, served 795 low-income individuals in 166 households and 120 individuals in 48 veteran households at risk of losing their housing. This brings the total served by the Housing Stability Program in the last two quarters to 1,033 individuals in 328 households.

Strategy Three: Behavioral Health Services. All four activities described in the Service Improvement Plan related to increasing access to behavioral health services have been reviewed by the boards. The RFP's have been conducted for all but two of the activities under this strategy.

The RFP process PHSKC completed during second quarter 2008 selected the King County Behavioral Health Safety Net Consortium to implement enhanced mental health and chemical dependency services in community health clinics (Activity 3.1). The Consortium coordinated and administered by Community Health Plan, will use funds from the Human Services Levy to enhance integrated, mental health and chemical dependency services in over twenty safety net medical clinics. The contract for this project is currently in process. Other agencies selected through that process, HealthPoint Renton and HealthPoint SeaTac (formerly Community Health Centers of King County) and Valley Cities Counseling and Consultation began offering services in September 2008.

Services provided at HealthPoint include:

- Five veterans and/or family members have been screened for depression, mental health, and substance abuse issues during primary care visits
- Three of those individuals have screened positive, but have not yet received follow-up evaluation and treatment

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Through the Valley Cities Outreach and War Trauma Treatment programs:

- 10 individuals have been screened for PTSD and other related traumas
- 36 individuals have received outreach services at the following 14 locations:
 - Green River Community College
 - Highline Community College
 - Tacoma Vet Center
 - Seattle Vet Center
 - Kent Food Bank
 - Multi-Service Center
 - Kent Alliance Center
 - South King County Forum on Homelessness
 - Veterans of Foreign Wars – Auburn Post
 - Vets Edge
 - National Association of Black Veterans (NABVETs)
 - King County Veterans Coalition
 - Puget Sound Healthcare System- Seattle and American Lake locations

Following completion of a second RFP process with Veterans funds only, PHSKC selected Seattle Indian Health Board (SIHB) and HealthPoint Kent to pilot mental health services targeting King County military personnel and their families. International Community Health Services (ICHS) also received a pilot grant to conduct an assessment of outreach strategies and services needed for veterans and their families. They will provide referrals and linkages to existing ICHS and community services for all patients identified as veterans, military personnel, and their families through the assessment processes and through new patient intake. Contracts with SIHB and ICHS are currently in progress.

An integrated, evidence-based treatment model will be used by all primary care teams providing services under this strategy consisting of a coordinated set of practice guidelines and evidence-based treatment protocols designed to identify and improve common mental disorders such as depression. Persons with severe or complex needs are referred to mental health or chemical dependency service agencies for more intensive services and their care will be coordinated between agencies.

University of Washington (UW) School of Medicine Department of Psychiatry and Behavioral Sciences will provide psychiatric consultation, staff training, and support information technology development for all clinics in expanding the collaborative model. Clinics and mental health agencies will use UW's Mental Health Integrated Tracking System, a web-based client registry

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and tracking system that allows for real-time patient management, outcomes tracking and feedback to providers.

Strategy Four: Strengthening Families. The six activities described in the Service Improvement Plan related to strengthening families have all been reviewed by the boards and competitive processes conducted. The CSD selected two agencies last quarter through a competitive process for combined activities 2.6, 4.4 and 4.5 to provide housing, enhanced support services and education and employment services to single parents exiting the criminal justice system. One is the Family Reunification Project operated by First Place whose contract was negotiated in September 2008. The other program selected is Passage Point operated by the YWCA whose contract is currently being negotiated. Twenty-four families will be served by this program in 2009.

In another activity being implemented by PHSKC (activity 4.2), providers in nine clinics and maternity support programs are piloting interventions to better support pregnant and parenting low-income mothers and their children aged 0 – 12, including:

- Education about maternal depression
- Peer support groups and other mechanisms to decrease isolation
- Screening for mental health concerns and chemical dependency
- Treatment for these concerns based in the client's home, in coordination with licensed mental health and chemical dependency providers where indicated

HealthPoint, Country Doctor Community Health Centers, International Community Health Services, Neighborcare Health, and Sea Mar Community Health Centers are the community agencies offering services in this pilot. Primary care providers in all clinics are supported in their efforts by Valley Cities Counseling and Consultation, whose staff is providing psychiatric consultation on both adults and children served in the pilot programs.

Project implementation is currently in progress, and most sites began offering project services in September 2008. As the following chart indicates, over 700 low income pregnant and parenting women have been screened for mental health and chemical dependency in community health clinic maternity support, prenatal care, primary care or well child care programs. Of these, 109 (15 percent) screened positive for mental health and chemical dependency concerns and of those who screened positive, 38 or (15 percent) received follow-up evaluation and treatment in primary care settings.

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YTD September 30, 2008	
Number of pregnant and parenting low income women screened for mental health and chemical dependency in maternity support programs, prenatal care, primary care, and/or well child care	717
Number children age 0-12 screened for mental health issues in coordination with well child care or other primary care visits	763
Percent of pregnant and parenting women who screened positive for mental health and chemical dependency concerns	109 (15%)
Percent of women who screened positive <u>and</u> received follow-up evaluation and treatment in primary care	38 (35%)
Percent of children 0-12 years who screened positive for mental health concerns	255 (33%)
Percent of children who screened positive <u>and</u> received follow-up evaluation and treatment in primary care	2 (1%)

Public Health – Seattle and King County’s Nurse Family Partnership Program (Activity 4.1) served 573 individuals in 2,431 visits in the third quarter. Of those, 105 clients (receiving 259 visits) were served through the added capacity created by the VHS Levy. To date, 71 have formally enrolled in the program. Some are still in process and some have declined enrollment.

Clients enrolled with the expanded VHS capacity live throughout the county:

Auburn	3	Burien	1	Homeless	2	Renton	4	Shoreline	4
Black Diamond	1	Des Moines	2	Kent	20	SeaTac	4	Tukwila	2
Bothel	1	Federal Way	8	Redmond	2	Seattle	16	Vashon	1

The team continues its outreach to schools, health care providers and social service agencies, including public health, community clinic sites and Women, Infants and Children programs.

Public Health – Seattle and King County’s prevention and early intervention programs (provided under Activity 4.3) continue to increase services to families. In the Home Visiting Investment Area of this activity under the lead of Friends of Youth, the *Healthy Start – Enhancement and Expansion Project* has fully expanded its project in the Renton area three months ahead of schedule. The subcontracting agency, Renton Area Youth and Family Services has begun serving an additional 12 families in the Renton area over last quarter bringing the total number of families being served in the Renton area to 25.

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Child Care Resources has completed development of a caregiver education curriculum *Family Friend and Neighbor and Play and Learn Groups Project*. They have provided training and support to facilitators. Attendance at groups has dipped to just over 515 participants a month due to summer recesses taken by some groups. Other training was provided by the UW through its *Promoting First Relationships (PFR) Train the Trainer Project*. Staff from each of the three participating agencies (Odessa Brown, Family Services and Highline West Seattle Mental Health) continues weekly on the job training with PFR staff and families. Finally, Chinese Information and Service Center's *Cultural Navigator Project* continues to provide services in Kent at the Great Wall Mall in addition to existing services in East King County. Bilingual/bicultural Navigators are available who speak the following languages: Spanish, Chinese (Mandarin and Cantonese), Vietnamese, Russian, Hindi, Gujarati, and Punjabi. The project is averaging just under just 200 clients a month in third quarter 2008.

Strategy Five: Resource Management and Evaluation. The smallest of the five overarching strategies defined in the Service Improvement Plan, the primary focus of Strategy Five is internal: evaluating levy program performance, increasing the quality and coordinated use of information systems to improve services, and coordinating regional planning efforts. The following is an update on the status of levy evaluation activities (Activity 5.1) and facilitation of ongoing partnerships (Activity 5.9).

The first steps in evaluating the VHS Levy (Activity 5.1) were establishing a measurement structure and framework for evaluating the levy. Built on an earlier evaluation framework, the VHS Levy Evaluation Plan was further developed over the course of the first two quarters of 2008. The Evaluation Plan established the overall guiding principles of the evaluation activities, identified two areas of focus: outcomes/return on investment and process evaluation, articulated specific evaluation approaches for each of the 5 strategic framework areas, and established specific outcomes measures for levy procurement plans.

Since then evaluation activities have included refining outputs and outcomes for the 31 levy activities identified in the Service Improvement Plan. Evaluation staff has also been collaborating with program coordinators and contract staff to ensure that mechanisms for collecting the requisite data and evaluation information were established in contracts. During 2008, evaluation staff has worked with all levy-involved departments and coordinators on language and performance measurement expectations as projects are implemented.

There are several initial evaluation reports to be prepared during 2008/2009 covering the levy strategy areas, and including a mid-term review of the levy funding and procurement process. The first two reports and progress made in their development are described below.

1. The Preliminary Evaluation Report on King County Veterans, Their Families, and Levy Activities Implemented to Meet Their Needs (Strategy Area 1) – Late December 2008

Evaluation staff is developing a comprehensive profile and needs assessment of Veterans in King County using data from the US Department of Veterans Affairs, US Census, US Department of

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Defense and service statistics. Staff has worked with the levy funded programs to analyze data drawn from the Veterans Information System (VIS) to prepare a report on the status of services in 2007 and early 2008 and to improve the quality and quantity of data collected through the VIS. In fourth Quarter, staff is implementing a follow-up survey with clients and preparing a summary report on the status of Veterans Levy funded services, program outcomes and recommendations for future improvements.

2. The Preliminary Evaluation Report on levy-funded efforts to meet the needs of King County's Homeless Veterans, Homeless Families, and Chronically Homeless (Strategy area 2) – Early 2009

The evaluation of Levy funded programs to meet the needs of King County Homeless Populations is heavily dependent upon the successful implementation of the Safe Harbors Homeless Management Information System (HMIS). Safe Harbors has been moving to a new vendor and software in 2008. Through October 2008, the new application was still in development with implementation projected for spring 2009. In September, Safe Harbors released a report on clients served by participating programs in 2007. Levy evaluation staff will use this report and the corresponding database to prepare an interim status report on Levy-funded homeless services in December 2008 or January 2009.

Future reports will include an interim process evaluation report, report on behavioral health status of vulnerable individuals (Strategy 3) and report on at risk families and efforts to promote family stability and effective child development (Strategy 4).

Regarding facilitation of ongoing partnerships (Activity 5.9), numerous planning meetings have taken place with organizations involved in Operation Military Kids supporting children coping with the stress of having a deployed parent. A second conference on military children and families is being planned for November 2008. In addition, staff has begun meeting with local cities to discuss levy activities occurring in their communities, providing presentations to some city councils. Staff has also responded to numerous requests for general presentations on the Veterans and Human Services Levy.

Community Agencies by Subregion, as of September 30, 2008 (Attachment B)

Attachment B provides a comprehensive list of community agencies that have been selected to date by the various RFP processes to implement specific levy activities. It is organized by county subregion. This list has been updated since last quarter to reflect agencies that have been selected through additional RFP processes.